Behavioral Research at the NIDCR:
Helping Improve the Nation's Oral and Craniofacial Health

Melissa W. Riddle, Ph.D.

National Institute of Dental and Craniofacial Research, National Institutes of Health, Bethesda MD 20892

Treatment of Craniofacial Disorders Wins at the Academy Awards

1 Children with Craniofacial Disorders Need Support, Inside and Out

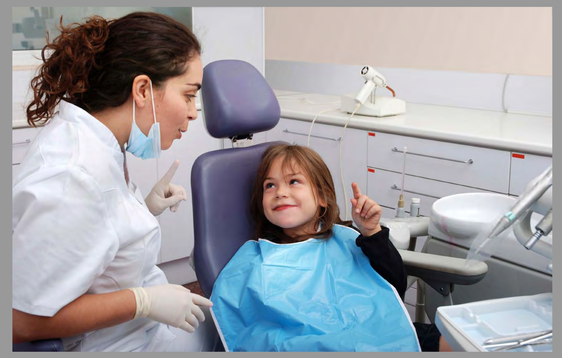
Cleft Lip and Palate (CLP)

- Kids with CLP have problems with feeding, speech, social behavior and cognition. (Peggy Nopoulos, University of Iowa, R01 DE014399)
- New surgical procedures are helping to restore physical functioning, including facial expressiveness. (Carol Ann Trotman, University of North Carolina, R01 DE013814)
- Researchers are developing a computer-based tool that may provide families cost-effective, long-term support in coping with the challenges of CLP. (Karen Gavin-Evans, Danya International, Inc., R44 DE013894)
- *Hemifacial microsomia* is the second most common craniofacial malformation, but little is known about the neurocognitive or social impact of the disorder (Martha Werler, Boston University, R01 DE01939)
- Parents of kids with *craniosynostosis* have challenging decisions to make regarding surgical repair of early cranial fusion, and treatment of common learning, attention, and behavior problems. (Matthew Speltz, University of Washington, R01 DE013813)

2 Relieving Dental Anxiety

Sensitivity to pain and dental anxiety mean fewer trips to the dentist. (Margaret Bradley, University of Florida, R01 DE013956)

Interventions – including computer guided – alleviate dental fear and dental care avoidance among disadvantaged teens and adults.
(Sue Coldwell and Philip Weinstein, University of Washington, U54 DE014254)



3 "Less is Best" in Treating TMJ

Splints, jaw realignment and surgery have not been shown to alleviate TMJ pain and dysfunction. Because most TMJ pain is temporary, behavioral approaches that do not permanently alter the jaw are preferable, such as avoiding gum chewing, choosing soft foods, applying ice packs, reducing emotional stress and practicing relaxation.

Psychosocial and other risk factors may help to predict who will develop chronic TMJ problems. (Robert J. Gatchel, University of Texas Southwestern, U01 DE010713)

Cognitive-Behavioral Treatment may reduce pain and improve functioning for patients with chronic TMJ. (Mark Litt, University of Connecticut, R01 DE014607)

Cognitive-Behavioral Treatment and/or manipulation of hormone therapy among women with TMJ may reduce pain and improve functioning. (Linda LeResche, University of Washington, R01 DE016212)

Cognitive-Behavioral Treatment and/or Nortriptyline (a tricyclic antidepressant) may reduce pain and disability related to chronic TMJ. (Jennifer Haythornthwaite, Johns Hopkins University, R01 DE013906)